



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**PRELIMINARY AUTOPSY REPORT**

Name:   
SSAN:   
Date of Birth: unknown  
Date of Death: 5 April 2004  
Date of Autopsy: 26 April 2004  
Date of Report: 23 June 2004

Autopsy No.: ME 04-309  
AFIP No.: 2924040  
Rank: Civilian, Iraqi National  
Place of Death: Mosul, Iraq  
Place of Autopsy: Mosul, Iraq

**Circumstances of Death:** This approximately 27 year-old male civilian, presumed Iraqi national, died in US custody approximately 72 hours after being apprehended.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

**Identification:** Visual, per detention facility records

**CAUSE OF DEATH:** Pending

**MANNER OF DEATH:** Pending

This is a preliminary report based on initial examination of the remains, a final report will follow.

(b)(6)-4

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Injuries
  - a. Minor abrasions and contusions of extremities
  - b. Laceration above right eyebrow, 1 cm
  - c. Contusion of right side of neck
  - d. Minor abrasions of left side of forehead
  - e. Subgaleal hemorrhage of bilateral frontal regions of scalp
  - f. No internal evidence of trauma
  
- II. No evidence of significant natural disease within the limitations of the examination
  - a. Heart weight, 450 gm
  - b. Pulmonary edema; right lung 700 gm, left lung 900 gm
  - c. Histology pending
  
- III. Toxicology (AFIP)
  - a. Volatiles: Mixed volatiles consistent with postmortem production; mg/dL
    - i. Blood: acetone 20, 2-propanol 7
    - ii. Urine: acetone 67, 2-propanol 3
  - b. Drugs: Consistent with resuscitation efforts
    - i. Urine: Lidocaine detected, negative for other screened medications and drugs of abuse

(b)(6)-2

**LtCol, USAF, MC, FS**  
**First Chief Deputy Medical Examiner**

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant	<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> NEGROID Negriode		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif		
NAME OF NEXT OF KIN Nom du plus proche parent			RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicilé à (Rue)			CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort		Pending			
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>					
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures		
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		Mode of Death: Pending		
ACCIDENT Mort accidentelle					
SUICIDE Suicide					
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)-2 LtCol, MC, USAF	SIGNATURE Signature (b)(6)-2	DATE Date 26 Apr 2004	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour, Day, Month, Year) Date de décès (l'heure, le jour, le mois, l'année) 05 Apr 2004		PLACE OF DEATH Lieu de décès Iraq			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé funt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci-dessus.					
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)-2			TITLE OR DEGREE Titre ou diplômé First Chief Deputy Medical Examiner		
GRADE Grade Col		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902			
E Date 14 May 04		SIGNATURE Signature (b)(6)-2			
<sup>1</sup> State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. <sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death. <sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc. <sup>2</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.					

DD FORM 2064  
1 APR 77

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM - 173